

Patent Attorney's Docket No. <u>003300-903</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)	DECEIVED							
Per ANTONSSON et al.) Group Art Unit: 1648	RECEIVED MAR 2:7 2003							
Application No.: 10/048,016) Examiner: Ali R. Salimi	TECH CENTER 1600 2900							
Filed: January 28, 2002) Confirmation No.: 1277	JEON OF WAR							
For: VACCINE))								
RESPONSE TO RESTRICTION REQUIRE TRANSMITTA		SPECIES							
Assistant Commissioner for Patents Washington, D.C. 20231	•								
Sir:									
Enclosed is a Response to Restriction Requirent identified patent application.	nent and Election of Species for	the above-							
[] A Petition for Extension of Time is also enclosed.									
[] A Terminal Disclaimer and the [] \$55.00 C.F.R. § 1.20(d) are also enclosed.	0 (2814) [] \$110.00 (1814) fee di	ue under 37							
[] Also enclosed is/are	Also enclosed is/are								
[] Small entity status is hereby claimed.	Small entity status is hereby claimed.								
	Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$375.00 (2801) [] \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).								
[] Applicant(s) previously submitted _ requested.	_, on, for which continued e	examination is							
exceed three months from the filing of th	Applicant(s) request suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.								
[] A Request for Entry and Consideration o (1809/2809) is also enclosed.	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.								
[X] No additional claim fee is required.									
[] An additional claim fee is required, and i	is calculated as shown below:								

(02/03)

Response to Restriction Requirement and Election of Species Transmittal Letter Application No. 10/048,016
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AMENDED CLAIMS					
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS =		× \$18.00 (1202) =	
Independent Claims		MINUS =		× \$84.00 (1201) =	•
If Amendment adds multiple dependent claims, add \$280.00 (1203)					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					

Ĺ]	A claim f	ee in the amount of \$	is enclosed.
[]	Charge \$	to Deposit Account N	lo. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: March 26, 2003